

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

JENKINS FOR CONGRESS

ADDRESS (number and street)

PO BOX 727

Check if different  
than previously  
reported. (ACC)

HUNTINGTON

WV

25711

2. FEC IDENTIFICATION NUMBER ▼

C

C00548271

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

WV

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL A KILGORE

Signature of Treasurer

PAUL A KILGORE

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 61

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

JENKINS FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	155796.24	382686.24
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	155796.24	382686.24
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	78773.57	131775.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	134.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	78773.57	131640.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	274585.14	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5045.46	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**JENKINS FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

47750.00

135750.00

(ii) Unitemized.....

3480.00

8870.00

(iii) TOTAL of contributions from individuals ▶

51230.00

144620.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

104566.24

238066.24

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

155796.24

382686.24

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

134.40

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

155796.24

382820.64

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 61

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	78773.57	131775.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	78773.57	131775.29

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	197562.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	155796.24
25. SUBTOTAL (add Line 23 and Line 24).....	353358.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	78773.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	274585.14

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 61

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DAVID ABRAMOWITZ****A.**

Mailing Address 12 STONY POINT RD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KANAWH VALLEY RADIOLOGY

Occupation

RADIOLOGIST

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11AI.9959**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**SCOTT A ATKINS****B.**

Mailing Address 100 CENTRE CT RD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WV MUTUAL INSURANCE CO.

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11AI.10069**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**JAMES BAEK****C.**

Mailing Address 1701 STONEHENGE ROAD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KANAWHA VALLEY RADIOLOGY

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11AI.9956**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**WILLIAM BECKER****A.**

Mailing Address 232 LOCHA DR.

City

JUPITER

State

FL

Zip Code

33458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INSURANCE SALES

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11AI.9960**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**WAYNE BERMAN****B.**

Mailing Address 3055 WHITEHAVEN ST NW

City

WASHINGTON

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLACKSTONE

Occupation

SENIOR ADVISOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

**Transaction ID : SA11AI.9934**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**DR. PAUL BLOM****C.**

Mailing Address 449 ST ANDREWS DR

City

BARBOURSVILLE

State

WV

Zip Code

25504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RADIOLOGY-INC

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11AI.9988**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DR. PAUL BLOM**

Mailing Address 449 ST ANDREWS DR

City

BARBOURSVILLE

State

WV

Zip Code

25504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RADIOLOGY-INC

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2015

Transaction ID : SA11AI.10027

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**MARYANN CATER**

Mailing Address 1 AARONWOODS CT

City

WHEELING

State

WV

Zip Code

26003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MPA

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : SA11AI.10071

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**CHARLES CLEMENTS**

Mailing Address 1405 WASHINGTON BLVD.

City

HUNTINGTON

State

WV

Zip Code

25701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF PHYSICIANS AND SURGEON

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : SA11AI.10075

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT M. COCHRAN

A.

Mailing Address 1341 BLUE LICK RD

City

WINFIELD

State

WV

Zip Code

25213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9976

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

WILLIAM COLE III

B.

Mailing Address 404 OAKHURST AVE

City

BLUEFIELD

State

WV

Zip Code

24701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COLE AUTOMOTIVE GROUP

Occupation

CAR DEALER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9982

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

THOMAS J DEWITT

C.

Mailing Address 5146 DAHLIA WAY

City

NAPLES

State

FL

Zip Code

34105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SWANSON INDUSTRIES

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.10053

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 61

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**TERRY L DOTSON**

Mailing Address 472 POPLAR SPRINGS RD.

City

KINGSTON

State

TN

Zip Code

37763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WORLDWIDE EQUIPMENTOccupation  
CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9977

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**JOHN R ELLIOT**

Mailing Address 240 CAPITOL STREET

City

CHARLESTON

State

WV

Zip Code

25301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMFM INCOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9957

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MICHAEL FERENCE**

Mailing Address 4117 WATERVIEW DR.

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S-3 GROUPOccupation  
CONSULTANT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2015

Transaction ID : SA11AI.9907

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**KRISTIN GALLAGHER****A.**

Mailing Address 110 OAK LANE

City

HUNTINGTON

State

WV

Zip Code

25701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEWELRY GOLD AND PAWN

Occupation

OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11AI.9966**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**SAM GEDULDIG****B.**

Mailing Address 1101 K ST NW STE 650

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11AI.10036**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**HARRY J. GLENN****C.**

Mailing Address 1540 GULF BLVD #404

City

CLEARWATER

State

FL

Zip Code

33767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VAN SCOYOC

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : SA11AI.9942**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOEL GOLDY

A.

Mailing Address 187 KINETIC DR.

City

HUNTINGTON

State

WV

Zip Code

25701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDY AUTOOccupation  
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9992

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

MR. PATRICK C GRANEY III

B.

Mailing Address 412 TENNESSEE AVE

City

CHARLESTON

State

WV

Zip Code

25302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ONE STOPOccupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9994

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

BRAD HALL

C.

Mailing Address 446 CLEMANS ROAD

City

FLEMINGTON

State

WV

Zip Code

26347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WVMPHPOccupation  
EXECUTIVE MEDICAL DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11AI.10028

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 61

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MRS. GLADYS M HAMER**

Mailing Address 143 NORTH OAKVIEW DRIVE

City

KENOVA

State

WV

Zip Code

25530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.10000

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**KHALID HASAN**

Mailing Address 20 LARK PL

City

BECKLEY

State

WV

Zip Code

25801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RALEIGH PSYCHIATRIC SERVICES

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9967

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**MR. MICHAEL HERSON**

Mailing Address 8709 BURNING TREE ROAD

City

BETHESDA

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.10024

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**THOMAS A. HEYWOOD****A.**

Mailing Address 21 CARRIAGE RD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOWLES RICE LLPOccupation  
PARTNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11AI.9953**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**JENNIFER N. HIGGINS****B.**

Mailing Address 305 S PAYNE ST #306

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

**Transaction ID : SA11AI.9920**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**VAN D HIPP JR****C.**

Mailing Address 809 N QUAKER LN

City

ALEXANDRIA

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11AI.10072**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ANDREW B JORDON**

Mailing Address 1 NORWOOD RD.

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRITCHARD MININGOccupation  
ENGINEER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9962

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**VIRGINIA L KING**

Mailing Address 748 MYRTLE RD.

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KANAWHA STONEOccupation  
OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9969

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**ARTHUR L KING**

Mailing Address 748 MYRTLE RD.

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KANAWHA STONEOccupation  
OWNER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9970

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 61

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**WILLIAM LAVERY MD**

Mailing Address 336 12TH AVE W

City

HUNTINGTON

State

WV

Zip Code

25701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9952

Amount of Each Receipt this Period

1800.00

Full Name (Last, First, Middle Initial)

**LAW OFFICES OF FREDERICK H. GRAEFE**

Mailing Address 319 CONSTITUTION AVE NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2015

Transaction ID : SA11AI.9918

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**FRED GRAEFE**

Mailing Address 319 CONSTITUTION AVE NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAW OFFICE OF FREDERICK GRAEFE

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2015

Transaction ID : SA11AI.9919

Amount of Each Receipt this Period

500.00

**[MEMO ITEM]**

PARTNERSHIP LAW OFFICES OF FREDERICK H. GRAEFE

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JOSEPH M LETNAUNCHYN**

Mailing Address 225 ARIEL HEIGHTS

City

CHARLESTON

State

WV

Zip Code

25311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEST VIRGINIA HOSPITAL ASSOC.

Occupation

PRESIDENT &amp; CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9983

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**MR. JAMES FRANCIS LINSENMEYER**

Mailing Address 106 YORKTOWNE PL

City

CHARLESTON

State

WV

Zip Code

25309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUDWEISER

Occupation

COO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9990

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**DOUGLAS M. GREGORY**

Mailing Address 101 CONSTITUTION AVE NW STE 600W

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VAN SCOYOC

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : SA11AI.9941

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 61

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**THOMAS E MENIGHAN****A.**

Mailing Address 7011 CLINTON CT

City

ANNAPOLIS

State

MD

Zip Code

21403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		20		2015

**Transaction ID : SA11AI.9899**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**CRAIG M MORGAN M.D.****B.**

Mailing Address 1611 13TH AVE.

City

HUNTINGTON

State

WV

Zip Code

25701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EYE CONSULTANTS OF HUNTINGTON

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2015

**Transaction ID : SA11AI.9996**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**RHONDA MORGAN****C.**

Mailing Address 1611 13TH AVE.

City

HUNTINGTON

State

WV

Zip Code

25701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		28		2015

**Transaction ID : SA11AI.10034**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 61

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ELIZABETH MORRA****A.**

Mailing Address 6219 POINDEXTER LANE

City

ROCKVILLE

State

MD

Zip Code

20852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PODESTA GROUPOccupation  
LOBBYIST

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

**Transaction ID : SA11AI.9913**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**THOMAS OBROKTA JR.****B.**

Mailing Address 6001 PINNACLE VIEW RD

City

HURRICANE

State

WV

Zip Code

25526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRICKSTREETOccupation  
COO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11AI.9954**

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**LAWRENCE PACK****C.**

Mailing Address 300 SUMMERS ST, SUITE 1450

City

CHARLESTON

State

WV

Zip Code

25301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CPA

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11AI.9950**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN SCHMIDT

A.

Mailing Address 415 MORRIS STREET STE 400

City

CHARLESTON

State

WV

Zip Code

25301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEUROLOGICAL ASSOCIATES

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.10023

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

JOHN D. SCOFIELD

B.

Mailing Address 227 C ST SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

S3 GROUP

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : SA11AI.9917

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR PAUL SKAFF

C.

Mailing Address 3508 STAUNTON AVE SE #1

City

CHARLESTON

State

WV

Zip Code

25304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL ANESTHESIA SERVICES

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11AI.10029

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**GERALD N SMITH III**

Mailing Address 1592 CONNELL RD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9963

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**PHILLIP R STEVENS**

Mailing Address 535 12TH AVE

City

HUNTINGTON

State

WV

Zip Code

25701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRI STATE OTOLARYNGOLOGY

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11AI.10035

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**JON THOMPSON**

Mailing Address 681 TURKEY RUN RD

City

CHESHIRE

State

OH

Zip Code

45620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9972

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DR. JOSEPH B TOUMA****A.**

Mailing Address 2970 STAUTON RD

City

HUNTINGTON

State

WV

Zip Code

25702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.10001

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**WARREN J. TYRON****B.**

Mailing Address 216 9TH ST SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : SA11AI.9921

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**H. STEWART VAN SCOYOC****C.**

Mailing Address 131 YARNICK ROAD

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.10073

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

H. STEWART VAN SCOYOC

Mailing Address 131 YARNICK ROAD

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.10074

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

JANET VINEYARD

Mailing Address 114 SUMMIT RIDGE RD

City

HURRICANE

State

WV

Zip Code

25526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OMEGA WVOccupation  
EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9971

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

DAVID WALKER

Mailing Address 1410 CONNELL RD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9995

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

AUSTIN WALLACE

Mailing Address 820 MIDDLE ROAD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEST VIRGINIA MUTUAL

Occupation

PRESIDENT / CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.10068

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

JOAN WEISBERG

Mailing Address 319 WOODLAND DRIVE

City

HUNTINGTON

State

WV

Zip Code

25706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE ELECTRIC SUPPLY COMPANY

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11AI.9997

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JOAN WEISBERG

Mailing Address 319 WOODLAND DRIVE

City

HUNTINGTON

State

WV

Zip Code

25706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE ELECTRIC SUPPLY COMPANY

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.10067

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1450.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**THANE A. YOUNG**

Mailing Address 606 A ST SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VAN SCOYOC ASSOCIATES

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : SA11AI.9940

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

47750.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

**A.**

Mailing Address 4301 WILSON BOULEVARD

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing  
federal political committee.

**C** C00002972

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11C.10037

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

**AFLAC PAC**

Mailing Address WORLDWIDE HEADQUARTERS  
1932 WYNNTON ROAD

City

COLUMBUS

State

GA

Zip Code

31999

FEC ID number of contributing  
federal political committee.

**C** C00034157

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11C.10040

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE. NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00035451

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

11000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 23 / 2015

Transaction ID : SA11C.10015

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**AIRCRAFT OWNERS AND PILOTS ASSOCIATION (POLITICAL ACTION COMMITTEE)**

**A.** Mailing Address 421 AVIATION WAY

City	State	Zip Code
FREDERICK	MD	21701

FEC ID number of contributing federal political committee.

**C** C70004585

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : SA11C.10009

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ALKERMES INC POLITICAL ACTION COMMITTEE**

Mailing Address 852 WINTER STREET

City	State	Zip Code
WALTHAM	MA	02451

FEC ID number of contributing federal political committee.

**C** C00525063

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11C.10060

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)**

Mailing Address 1445 NEW YORK AVENUE NW  
STE 800

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee.

**C** C00359539

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11C.10043

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE**

**A.**

Mailing Address 1133 CONNECTICUT AVE NW  
SUITE 1100

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee.

**C** C00411553

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11C.10045**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)**

**B.**

Mailing Address 655 BEACH STREET

City	State	Zip Code
SAN FRANCISCO	CA	94109

FEC ID number of contributing federal political committee.

**C** C00196246

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11C.10039**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC**

**C.**

Mailing Address 1650 DIAGONAL ROAD

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee.

**C** C00306449

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11C.10046**

Amount of Each Receipt this Period

2500.00

6000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

**A.**

Mailing Address 725 FIFTEENTH ST., NW SUITE 500

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00413955

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11C.10086**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

**C** C00343459

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : SA11C.9927**

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

**C** C00343459

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11C.10063**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 61

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE**

**A.**

Mailing Address PO BOX 70980

City

WASHINGTON

State

DC

Zip Code

20024

FEC ID number of contributing  
federal political committee.

**C** C00006080

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
05 21 2015

**Transaction ID : SA11C.9932**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE**

**B.**

Mailing Address PALLADIAN 1

220 LEIGH FARM RD

City

DURHAM

State

NC

Zip Code

27707

FEC ID number of contributing  
federal political committee.

**C** C00077321

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2015

**Transaction ID : SA11C.10080**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE**

**C.**

Mailing Address 1090 VERMONT AVE., NW

SUITE 500

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00113803

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2015

**Transaction ID : SA11C.10061**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 30 OF 61

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC**

Mailing Address 520 N NORTHWEST HWY

City

PARK RIDGE

State

IL

Zip Code

60068

 FEC ID number of contributing  
 federal political committee.

**C** C00255752

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11C.10044**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)**

 Mailing Address 440 FIRST STREET NW  
 SUITE 200

City

WASHINGTON

State

DC

Zip Code

20001

 FEC ID number of contributing  
 federal political committee.

**C** C00010421

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11C.10058**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**BANK OF AMERICA CORPORATION FEDERAL PAC**

 Mailing Address 1455 PENNSYLVANIA AVE, SUITE 950  
 DC8-455-09-01

City

WASHINGTON

State

DC

Zip Code

20004

 FEC ID number of contributing  
 federal political committee.

**C** C00364778

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11C.10020**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

BHFS-E, PC PAC (BROWNSTEIN HYATT FARBER SCHRECK POLITICAL ACTION COMMITTEE)

**A.**Mailing Address 410 SEVENTEENTH STREET  
SUITE 2200

City	State	Zip Code
DENVER	CO	80202

FEC ID number of contributing  
federal political committee.**C** C00390583

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

**Transaction ID : SA11C.9938**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS

**B.**Mailing Address 101 CONSTIUTION AVENUE, NW  
10TH FLOOR WEST

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing  
federal political committee.**C** C00001016

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : SA11C.10016**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**CMR POLITICAL ACTION COMMITTEE****C.**

Mailing Address PO BOX 2485

City	State	Zip Code
SPRINGFIELD	VA	22152

FEC ID number of contributing  
federal political committee.**C** C00469429

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

**Transaction ID : SA11C.9924**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
 COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

**A.** Mailing Address 1701 JFK BLVD, 49TH FLOOR

City	State	Zip Code
PHILADELPHIA	PA	19103

FEC ID number of contributing federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4500.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 / 23 / 2015

Transaction ID : SA11C.10011

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)  
 DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

**B.** Mailing Address 8400 WESTPARK DRIVE

City	State	Zip Code
MCLEAN	VA	22102

FEC ID number of contributing federal political committee.

**C** C00040998

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 / 23 / 2015

Transaction ID : SA11C.10010

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** **DELOITTE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City	State	Zip Code
WASHINGTON	DC	20044

FEC ID number of contributing federal political committee.

**C** C00211318

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 06 / 23 / 2015

Transaction ID : SA11C.10008

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**DOMINION RESOURCES INC. PAC - CT**Mailing Address **ONE JAMES RIVER PLAZA**  
**20TH FLOOR**

City	State	Zip Code
RICHMOND	VA	23219

FEC ID number of contributing  
federal political committee.**C** C00545319

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11C.10021

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**Mailing Address **600 CORPORATE PARK DRIVE**

City	State	Zip Code
ST. LOUIS	MO	63105

FEC ID number of contributing  
federal political committee.**C** C00219642

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11C.10047

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**EQT CORPORATION PAC**Mailing Address **EQT PLAZA**  
**625 LIBERTY AVENUE, SUITE 1700**

City	State	Zip Code
PITTSBURGH	PA	15222

FEC ID number of contributing  
federal political committee.**C** C00151175

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11C.10003

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)**

Mailing Address **ONE EXPRESS WAY**

City

**ST. LOUIS**

State

**MO**

Zip Code

**63121**

FEC ID number of contributing  
federal political committee.

**C** **C00365072**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**3500.00**

Date of Receipt

**06** / **30** / **2015**

**Transaction ID : SA11C.10083**

Amount of Each Receipt this Period

**1000.00**

Full Name (Last, First, Middle Initial)

**FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE**

Mailing Address **942 SOUTH SHADY GROVE ROAD**

City

**MEMPHIS**

State

**TN**

Zip Code

**38120**

FEC ID number of contributing  
federal political committee.

**C** **C00068692**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**06** / **08** / **2015**

**Transaction ID : SA11C.9939**

Amount of Each Receipt this Period

**1000.00**

Full Name (Last, First, Middle Initial)

**FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE**

Mailing Address **942 SOUTH SHADY GROVE ROAD**

City

**MEMPHIS**

State

**TN**

Zip Code

**38120**

FEC ID number of contributing  
federal political committee.

**C** **C00068692**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

**06** / **30** / **2015**

**Transaction ID : SA11C.10048**

Amount of Each Receipt this Period

**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**3000.00**

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**JENKINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FIRSTENERGY CORP. POLITICAL ACTION COMMITTEE**

Mailing Address **76 SOUTH MAIN STREET**

City **AKRON** State **OH** Zip Code **44308**

FEC ID number of contributing federal political committee. **C C00140855**

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt

**05 / 21 / 2015**

**Transaction ID : SA11C.9922**

Amount of Each Receipt this Period

**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)**

Mailing Address **2941 FAIRVIEW PARK DR.**  
**SUITE 100**

City **FALLS CHURCH** State **VA** Zip Code **22042**

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

**05 / 21 / 2015**

**Transaction ID : SA11C.9928**

Amount of Each Receipt this Period

**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)**

Mailing Address **2941 FAIRVIEW PARK DR.**  
**SUITE 100**

City **FALLS CHURCH** State **VA** Zip Code **22042**

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt

**06 / 30 / 2015**

**Transaction ID : SA11C.10079**

Amount of Each Receipt this Period

**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**7000.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee.

**C** C00024869

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : SA11C.9923

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee.

**C** C00024869

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11C.10019

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**HIGHMARK HEALTH PAC OF HIGHMARK INC.**

Mailing Address 1800 CENTER STREET

City	State	Zip Code
CAMP HILL	PA	17089

FEC ID number of contributing federal political committee.

**C** C00302844

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : SA11C.9931

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00096156

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2015

Transaction ID : SA11C.10082

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (IN

Mailing Address 412 FIRST STREET, SE, SUITE 300

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00022343

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 21 2015

Transaction ID : SA11C.9925

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (IN

Mailing Address 412 FIRST STREET, SE, SUITE 300

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00022343

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 23 2015

Transaction ID : SA11C.10006

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

INSTITUTE OF MAKERS OF EXPLOSIVES POLITICAL ACTION COMMITTEE (IMEPAC)

**A.**

Mailing Address 1120 NINETEENTH STREET NW STE 310

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00135590

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 21 2015

**Transaction ID : SA11C.9930**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

INSTITUTE OF MAKERS OF EXPLOSIVES POLITICAL ACTION COMMITTEE (IMEPAC)

**B.**

Mailing Address 1120 NINETEENTH STREET NW STE 310

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00135590

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2015

**Transaction ID : SA11C.10051**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

**C.**

Mailing Address 905 16TH ST., N.W.  
SECOND FLOOR

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

**C** C00007922

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 08 2015

**Transaction ID : SA11C.9937**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....

4500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 61

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE****A.**Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City	State	Zip Code
ARLINGTON	VA	22202

FEC ID number of contributing  
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : SA11C.10014**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)****B.**Mailing Address P.O. BOX 75000  
MC2250

City	State	Zip Code
DETROIT	MI	48275

FEC ID number of contributing  
federal political committee.**C** C00496307

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : SA11C.10018**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**MORE CONSERVATIVES PAC (MCPAC)****C.**

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing  
federal political committee.**C** C00540187

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : SA11C.10007**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (MORPAC)**

Mailing Address 1919 M STREET, NW  
5TH FLOOR

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing  
federal political committee.

**C** C00004812

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11C.10076**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE., NW

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing  
federal political committee.

**C** C00238725

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11C.10049**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM**

Mailing Address 2901 TELESTAR CT.

City	State	Zip Code
FALLS CHURCH	VA	22042

FEC ID number of contributing  
federal political committee.

**C** C00005249

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : SA11C.10002**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 NORTH MICHIGAN AVENUE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

**C** C00030718

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11C.10081

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**NATIONAL CAMPAIGN**

Mailing Address 1201 N ORANGE ST.  
STE. 700 #7427

City

WILMINGTON

State

DE

Zip Code

19801

FEC ID number of contributing  
federal political committee.

**C** C00563759

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 23 / 2015

Transaction ID : SA11C.10005

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE**

Mailing Address 1125 EXECUTIVE CIRCLE

City

IRVING

State

TX

Zip Code

75038

FEC ID number of contributing  
federal political committee.

**C** C00140061

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11C.10059

Amount of Each Receipt this Period

1000.00

2250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND****A.**

Mailing Address 11250 WAPLES MILL ROAD

City

FAIRFAX

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.**C** C00053553

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11C.10004**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC****B.**

Mailing Address 1605 KING STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.**C** C00089458

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11C.10050**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE****C.**

Mailing Address 700 UNIVERSE BLVD.

City

JUNO BEACH

State

FL

Zip Code

33408

FEC ID number of contributing  
federal political committee.**C** C00064774

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : SA11C.10012**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**

Mailing Address ONE CONSTITUTION AVE NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.**C** C00009282

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11C.10062

Amount of Each Receipt this Period

1000.00

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

**OB-GYN PAC**

Mailing Address 409 12TH ST. SW

City

WASHINGTON

State

DC

Zip Code

20024

FEC ID number of contributing  
federal political committee.**C** C00364158

Name of Employer

Occupation

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11C.10017

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**POLITICAL ACTION COMMITTEE OF THE AAOS**

Mailing Address 317 MASSACHUSETTS AVE. NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.**C** C00343137

Name of Employer

Occupation

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11C.10041

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**POLITICAL ACTION COMMITTEE OF THE AAOS**

Mailing Address 317 MASSACHUSETTS AVE. NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

**C** C00343137

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2015

Transaction ID : SA11C.10042

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1100 WILSON BLVD  
SUITE 1500

City

ARLINGTON

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

**C** C00097568

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2015

Transaction ID : SA11C.10085

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**REACHING FOR A BRIGHTER AMERICA PAC**

Mailing Address POST OFFICE BOX 15709

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C** C00487942

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2015

Transaction ID : SA11C.10077

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**STIVERS FOR CONGRESS**

Mailing Address 4679 WINTERSET DRIVE

City

COLUMBUS

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.**C** C00441352

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : SA11C.9929

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**TEXTRON INC. POLITICAL ACTION COMMITTEE**

Mailing Address 40 WESTMINSTER STREET

City

PROVIDENCE

State

RI

Zip Code

02903

FEC ID number of contributing  
federal political committee.**C** C00123612

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11C.10078

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**THE BOEING COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1200 WILSON BLVD

City

ARLINGTON

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.**C** C00142711

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11C.10022

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**THE BOEING COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1200 WILSON BLVD

City

ARLINGTON

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.**C** C00142711

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SA11C.10084

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.**

Mailing Address 430 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.**C** C00002881

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

Transaction ID : SA11C.10087

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 GLENLAKE PARKWAY NE

City

ATLANTA

State

GA

Zip Code

30328

FEC ID number of contributing  
federal political committee.**C** C00064766

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2015

Transaction ID : SA11C.9926

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**UNITED TECHNOLOGIES CORPORATION****A.**Mailing Address **ONE FINANCIAL PLAZA**

City

**HARTFORD**

State

**CT**

Zip Code

**06101**FEC ID number of contributing  
federal political committee.**C** **C70004544**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : SA11C.10013**

Amount of Each Receipt this Period

**1000.00**

Full Name (Last, First, Middle Initial)

**UNITED TECHNOLOGIES CORPORATION****B.**Mailing Address **ONE FINANCIAL PLAZA**

City

**HARTFORD**

State

**CT**

Zip Code

**06101**FEC ID number of contributing  
federal political committee.**C** **C70004544**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11C.10064**

Amount of Each Receipt this Period

**1000.00**

Full Name (Last, First, Middle Initial)

**VAN SCOYOC ASSOCIATES, INC. PAC****C.**Mailing Address **101 CONSTITUTION AVENUE  
SUITE 600 WEST**

City

**WASHINGTON**

State

**DC**

Zip Code

**20001**FEC ID number of contributing  
federal political committee.**C** **C00369058**

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1316.24**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : SA11C.9984**

Amount of Each Receipt this Period

**1316.24****IN-KIND: EVENT FACILITY RENTAL****SUBTOTAL** of Receipts This Page (optional).....**3316.24****TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8TH STREET

City

BENTONVILLE

State

AR

Zip Code

72716

FEC ID number of contributing  
federal political committee.

C C00093054

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11C.10038

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

104566.24



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. BEST BUY**

Mailing Address 7601 PENN AVE S

City	State	Zip Code
MINNEAPOLIS	MN	55423

Purpose of Disbursement  
OFFICE EQUIPMENT

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 28 / 2015

Amount of Each Disbursement this Period

317.99
--------

Transaction ID : SB17.9908

**B. ALISON BIBBEE**

Mailing Address 1572 HAMPTON ROAD

City	State	Zip Code
CHARLESTON	WV	25314

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 21 / 2015

Amount of Each Disbursement this Period

1800.00
---------

Transaction ID : SB17.9900

**C. BLACK KNIGHT COUNTRY CLUB**

Mailing Address PO BOX 3067

City	State	Zip Code
BECKLEY	WV	25801

Purpose of Disbursement  
EVENT CATERING

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 15 / 2015

Amount of Each Disbursement this Period

1966.23
---------

Transaction ID : SB17.9949

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4084.22



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FIFTH THIRD BANK**

Mailing Address 517 9TH STREET

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement  
BANK FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2015

Amount of Each Disbursement this Period

31.50
-------

Transaction ID : SB17.9945

**B. FIFTH THIRD BANK**

Mailing Address 517 9TH STREET

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement  
BANK FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

Amount of Each Disbursement this Period

31.50
-------

Transaction ID : SB17.9948

**C. GUYAN COUNTRY CLUB**

Mailing Address 5450 W PEA RIDGE ROAD

City	State	Zip Code
HUNTINGTON	WV	25705

Purpose of Disbursement  
EVENT CATERING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2015

Amount of Each Disbursement this Period

1709.67
---------

Transaction ID : SB17.9895

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1772.67

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EVAN H JENKINS**

Mailing Address 121 OAK LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

City	State	Zip Code
HUNTINGTON	WV	25701

Amount of Each Disbursement this Period

503.52
--------

Purpose of Disbursement  
SEE MEMO ENTRY

001

Transaction ID : SB17.9903

Candidate Name

**EVAN JENKINS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: WV

District: 03

Full Name (Last, First, Middle Initial)

**B. HILTON**

Mailing Address 5000 SEMINARY ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

City	State	Zip Code
ALEXANDRIA	VA	22311

Amount of Each Disbursement this Period

503.52
--------

Purpose of Disbursement  
LODGING

001

Transaction ID : SB17.9904

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. EVAN H JENKINS**

Mailing Address 121 OAK LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2015

City	State	Zip Code
HUNTINGTON	WV	25701

Amount of Each Disbursement this Period

2161.00
---------

Purpose of Disbursement  
SEE MEMO ENTRY

001

Transaction ID : SB17.9909

Candidate Name

**EVAN JENKINS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: WV

District: 03

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2664.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2015

Amount of Each Disbursement this Period

2161.00
---------

Transaction ID : SB17.9910

**[MEMO ITEM]****B. EVAN H JENKINS**

Mailing Address 121 OAK LANE

City  
HUNTINGTONState  
WVZip Code  
25701Purpose of Disbursement  
SEE MEMO ENTRIES

001

Category/  
Type

Candidate Name

**EVAN JENKINS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: WV

District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2015

Amount of Each Disbursement this Period

1852.96
---------

Transaction ID : SB17.9911

**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
EVENT CATERING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2015

Amount of Each Disbursement this Period

1852.96
---------

Transaction ID : SB17.10088

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1852.96
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EVAN H JENKINS**

Mailing Address 121 OAK LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2015

City	State	Zip Code
HUNTINGTON	WV	25701

Amount of Each Disbursement this Period

986.61
--------

Purpose of Disbursement  
SEE MEMO ENTRY

001

Transaction ID : SB17.9915

Candidate Name

**EVAN JENKINS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: WV

District: 03

Full Name (Last, First, Middle Initial)

**B. DUNBAR PRINTING**

Mailing Address 1310 OHIO AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2015

City	State	Zip Code
DUNBAR	WV	25064

Amount of Each Disbursement this Period

986.61
--------

Purpose of Disbursement  
PRINTING

001

Transaction ID : SB17.9916

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2015

**C. MARSHALL ARTISTS SERIES**

Mailing Address ONE JOHN MARSHALL DRIVE

City	State	Zip Code
HUNTINGTON	WV	25755

Amount of Each Disbursement this Period

850.00
--------

Purpose of Disbursement  
ADVERTISING

001

Transaction ID : SB17.9896

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1836.61

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PRIME MEDIA PARTNERS**

Mailing Address 2607 YUPON STREET

City	State	Zip Code
HOUSTON	TX	77006

Purpose of Disbursement  
MEDIA CONSULTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.9933

**B. PRIME MEDIA PARTNERS**

Mailing Address 2607 YUPON STREET

City	State	Zip Code
HOUSTON	TX	77006

Purpose of Disbursement  
MEDIA CONSULTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.9936

**C. PROFESSIONAL DATA SERVICES**

Mailing Address 2470 DANIELS BRIDGE RD STE 121

City	State	Zip Code
ATHENS	GA	30606

Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2015

Amount of Each Disbursement this Period

7580.09
---------

Transaction ID : SB17.9798

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9580.09

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PROFESSIONAL DATA SERVICES**

Mailing Address 2470 DANIELS BRIDGE RD STE 121

City	State	Zip Code
ATHENS	GA	30606

Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

Amount of Each Disbursement this Period

1500.48
---------

Transaction ID : SB17.9905

**B. ANDREW SERE**

Mailing Address 1425 P ST NW #406

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
MEDIA CONSULTING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.9901

**C. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
CC TRANSACTION FEES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2015

Amount of Each Disbursement this Period

39.80
-------

Transaction ID : SB17.9943

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2540.28



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

City	State	Zip Code
SAN FRANCISCO	CA	94110

Amount of Each Disbursement this Period

59.85
-------

Purpose of Disbursement  
CC TRANSACTION FEES

001

Transaction ID : SB17.9946

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2015

City	State	Zip Code
SAN FRANCISCO	CA	94110

Amount of Each Disbursement this Period

79.30
-------

Purpose of Disbursement  
CC TRANSACTION FEES

001

Transaction ID : SB17.9947

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2015

City	State	Zip Code
SAN FRANCISCO	CA	94110

Amount of Each Disbursement this Period

99.35
-------

Purpose of Disbursement  
CC TRANSACTION FEES

001

Transaction ID : SB17.10056

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

238.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement  
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

Amount of Each Disbursement this Period

188.35
--------

Transaction ID : SB17.10057

**B. THEODORE COMPANY LLC**

Mailing Address 8616 BUCKBOARD DR

City	State	Zip Code
ALEXANDIRA	VA	22308

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2015

Amount of Each Disbursement this Period

5940.08
---------

Transaction ID : SB17.9887

**C. THEODORE COMPANY LLC**

Mailing Address 8616 BUCKBOARD DR

City	State	Zip Code
ALEXANDIRA	VA	22308

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2015

Amount of Each Disbursement this Period

13327.44
----------

Transaction ID : SB17.9888

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

19455.87

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. THEODORE COMPANY LLC**

Mailing Address 8616 BUCKBOARD DR

City	State	Zip Code
ALEXANDIRA	VA	22308

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

Amount of Each Disbursement this Period

9000.00
---------

Transaction ID : SB17.9906

**B. THEODORE COMPANY LLC**

Mailing Address 8616 BUCKBOARD DR

City	State	Zip Code
ALEXANDIRA	VA	22308

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.9912

**C. VAN SCOYOC ASSOCIATES, INC. PAC**Mailing Address 101 CONSTITUTION AVENUE  
SUITE 600 WEST

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement  
IN-KIND: EVENT FACILITY RENTAL

Candidate Name

**VAN SCOYOC ASSOCIATES, INC. PAC**

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2015

Amount of Each Disbursement this Period

1316.24
---------

Transaction ID : SB17.9985

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11316.24



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 61 OF 61

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**JENKINS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**EVAN H JENKINS**

Nature of Debt (Purpose):

TRAVEL EXPENSES, MEETING EXPENSES,  
OFFICE SUPPLIES, PRINTING, POSTAGE

Mailing Address 121 OAK LANE

City State

HUNTINGTON

Zip Code

WV

25701

Outstanding Balance Beginning This Period

5045.46

Transaction ID : SD10.1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5045.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ANDREW SERE**

Nature of Debt (Purpose):

STRATEGY CONSULTING

Mailing Address 1425 P ST NW #406

City State

WASHINGTON

Zip Code

DC

20005

Outstanding Balance Beginning This Period

15916.00

Transaction ID : SD10.2

Amount Incurred This Period

0.00

Payment This Period

15916.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WEST VIRGINIA STATE MEDICAL ASSOCIATION**

Nature of Debt (Purpose):

GOTV WALKERS

Mailing Address PO BOX 4106

City

CHARLESTON

State

WV

Zip Code

25364

Outstanding Balance Beginning This Period

5615.44

Transaction ID : SD10.17

Amount Incurred This Period

0.00

Payment This Period

5615.44

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

5045.46

2) **TOTALS** This Period (last page this line number only) ..... ▶

5045.46

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5045.46